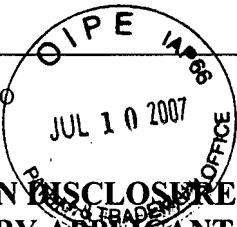


Substitute for form 1449/PTO (Revised 07/2005)						Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number		10/713,860	
				Filing Date		11/17/03	
				First Named Inventor		Wilson	
				Group Art Unit		1614	
				Examiner Name		Hill, M.	
Sheet	1	of	1	Attorney Docket Number		049542/284259	
U. S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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Examiner Initials	Cite No.	<u>Foreign Patent Document</u> Country Code - Number Kind Code (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1	WO 99/64418		12-16-1999	NOVARTIS		
	2	WO 99/21555		05-06-1999	TAKEDA CHEMICAL INDUSTRIES		
	3	WO 01/74811 A2		10-11-2001	TAKEDA CHEMICAL INDUSTRIES		
OTHER DOCUMENTS							
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published.					
	4	LAMBRECHT, G., "Design and Pharmacology of Selective B ₂ -Purinoceptor Antagonists," <i>Journal of Autonomic Pharmacology</i> , 1996, pp. 341-344, Vol. 16(6).					
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Examiner Signature					Date Considered		

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.